



PTO/SB/17 (10-01)

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FEE TRANSMITTAL for FY 2002

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TOTAL AMOUNT OF PAYMENT (\$

5)	260.	00

Complete if Known		760
Application Number	09/981,660	10
Filing Date	10/17/2001 Mitchell A. Benjame	MAY.
First Named Inventor		7
Examiner Name	Unknown "	Ologya
Group Art Unit	2131	- J CE/
Attorney Docket No.	44375/16:1	

METHOD OF PAYMENT	FEE CALCULATION (continued)			
1. The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES			
indicated fees and credit any overpayments to:	Large Small	:		
Deposit Account 19-4455	Entity Entity ee Fee Fee Fee Fe	oo Description Fee Paid		
Number	ode (\$) Code (\$)	ee Description Fee Paid		
Deposit Account	05 130 205 65 Surcharge - la	ite filing fee or oath		
Name Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	27 50 227 25 Surcharge - la cover sheet	ite provisional filing fee or		
	39 130 139 130 Non-English s	pecification		
Applicant claims small entity status. See 37 CFR 1.27	47 2,520 147 2,520 For filing a red	quest for ex parte reexamination		
2. Payment Enclosed: Check Credit card Money Order Other	12 920° 112 920° Requesting po Examiner acti	ublication of SIR prior to		
FEE CALCULATION	13 1,840° 113 1,840° Requesting pt Examiner acti			
		reply within first month		
1. BASIC FILING FEE Large Entity Small Entity	16 400 216 200 Extension for	reply within second month		
Fee Fee Fee Fee Description	17 920 217 460 Extension for	repty within third month -460.00 720.00		
Code (\$) Code (\$) Fee Falu	18 1,440 218 720 Extension for	reply within fourth month		
106 330 206 165 Design filing fee	28 1,960 228 980 Extension for	reply within fifth month		
107 510 207 255 Plant filing fee	19 320 219 160 Notice of App	eal		
108 740 208 370 Reissue filing fee	20 320 220 160 Filing a brief i	n support of an appeal		
114 160 214 80 Provisional filing fee	21 280 221 140 Request for o	-		
		titute a public use proceeding		
SUBTOTAL (1) (\$)	40 110 240 55 Petition to rev	vive - unavoidable		
2. EXTRA CLAIM FEES	1,200 211 010	rive - unintentional		
Extra Claims below Fee Paid		ee (or reissue)		
Total Claims20** = X =	143 460 243 230 Design issue			
Independent -3** = X =	144 620 244 310 Plant issue fe			
Multiple Dependent ' =		ne Commissioner		
1		ee under 37 CFR 1.17(q)		
Large Entity Small Entity Fee Fee Fee Fee Fee Description	.20 100 100 100	of Information Disclosure Stmt		
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20		nch patent assignment per es number of properties)		
102 84 202 42 Independent claims in excess of 3	146 740 246 370 Filing a subm (37 CFR § 1.	nission after final rejection 129(a))		
104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 ** Reissue independent claims over original patent		ditional invention to be 7 CFR § 1.129(b))		
110 18 210 9 ** Reissue claims in excess of 20	179 740 279 370 Request for 0	Continued Examination (RCE)		
and over original patent	169 900 169 900 Request for of a design a	expedited examination application		
SUBTOTAL (2) (\$)	Other fee (specify)			
**or number previously paid, if greater, For Reissues, see above	Reduced by Basic Filing Fee Paid	SUBTOTAL (3) (\$) 260.00		

SUBMITTED BY	SUBMITTED BY Complete (if applicable)			
Name (Print/Type)	Shaukat A. Karjeker	Registration No. 34,049 (Attorney/Agent)	Telephone	206-386-7633
Signature	Shankat A Sanch	i.	Date	5/1/2002

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